

MDR Tracking Number: M5-04-1428-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 21, 2004.

The requestor does not want to pursue the fee issues in dispute, therefore, has withdrawn the following dates of service from their dispute: 02-28-03 for 97530(1 unit only), 03-01-03 for 99080-73 and 12-04-03 for 99080-73.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The MP-OV with manipulation, myofascial release, mechanical traction, therapeutic exercises, therapeutic activities, and special supplies were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 30<sup>th</sup> day of April 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02/06/03 through 04/15/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 30<sup>th</sup> day of April 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution Officer  
Medical Review Division  
RL/pr

April 8, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Amended Letter**

**RE: MDR Tracking #: M5-04-1428-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 35 year-old male who sustained a work-related injury on \_\_\_. The patient reported that while at work he was sitting on a stool when it flipped over and he fell injuring his back and right knee. On 11/16/02 the patient presented to the treating doctor's office. Initial diagnoses for this patient included lumbar sprain/strain, lumbosacral sprain/strain, ankle/foot seg/dysfunction, thoracic seg/dysfunction, and muscle spasm. Treatment for this patient's condition has included physical therapy consisting of ultrasound, flexion-distraction, ice, SI belt, and microcurrent. On 12/20/02 the patient underwent a MRI of the lumbar spine that showed a 5-6mm disc herniation.

Requested Services

MP-OV with manipulation, myofascial release, mechanical traction, therapeutic exercises, therapeutic activities and special supplies from 2/6/03 through 4/15/03

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 35 year-old male who sustained a work related injury to his back and right knee on \_\_\_.

The \_\_\_\_ chiropractor reviewer also noted that the diagnoses for this patient have included lumbar sprain/strain, lumbosacral sprain/strain, ankle/foot seg/dysfunction, thoracic seg/dysfunction, and muscle spasm. The \_\_\_\_ chiropractor reviewer further noted that treatment for this patient's condition has included physical therapy consisting of ultrasound, flexion-distraction, ice, SI belt, myofascial release, manipulation, mechanical traction, therapeutic activities and microcurrent. The \_\_\_\_ chiropractor reviewer explained that the stage I and II of the treatment range for low back injury with clinical indicators that include history of acute injury with early positive response to treatment, no urgent surgical indicators on physical examination, and no significant amount of structural pathology, has a treatment range of up to 16 weeks (North American Spine Society guidelines for unremitting back pain; NASS:2000). The \_\_\_\_ chiropractor reviewer also explained that subtracting the time during the Christmas Holiday and the month the patient was out of the country, the treatment length was within the 16 weeks allotted. The \_\_\_\_ chiropractor reviewer further explained that the patient showed decreased symptoms and pain level during the treatment plan, and was transitioned to active therapy after the patient returned on 2/7/03. Therefore, the \_\_\_\_ chiropractor consultant concluded that the MP-OV with manipulation, myofascial release, mechanical traction, therapeutic exercises, therapeutic activities and special supplies from 2/6/03 through 4/15/03 were medically necessary to treat this patient's condition.

Sincerely,